

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11		/				
12	/					
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20	/					
21		/				
22		/				
23		/				
24		/				
25	/					
26		/				
27		/				
28	/					
29		/				
30		/				
31		/				
32		/				
33	/					
34		/				
35		/				
36	/					
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43	/					
44		/				
45	/					
46		/				
47		/				
48		/				
49	/					
50		/				
TOTAL IND.						
TOTAL DEF.						
TOTAL						

	IND.	DEF.	IND.	DEF.	IND.	DEF.
51		/				
52	/					
53		/				
54		/				
55	/					
56		/				
57		/				
58		/				
59	/					
60	/					
61		/				
62		/				
63	/					
64		/				
65		/				
66		/				
67	/					
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	18					
TOTAL DEF.		51				
TOTAL	69					